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Brief Interventions to Prevent Suicide: An Introduction

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Essential Ingredients of Effective Interventions

1. Based on a simple, empirically-supported model
2. High fidelity by the clinician
3. Adherence by the patient
4. Emphasis on skills training
5. Prioritization of self-management
6. Easy access to crisis services

Rudd et al. (2009)

Outpatient Suicide-Focused Treatment Trials

Study	Design	Tx	# of Sessions	Comparison Condition	Setting	Sample	Follow Up	Findings
Brown et al. (2005) N=120	RCT	CT-SP	10	TAU	Outpt MH	Attempters, 40% male, 35 y	18 months	24% CT-SP vs. 42% TAU (50% rel. reduction)
Rudd et al. (2015) N=152	RCT	BCBT	12	TAU	Outpt MH	Military, 87% male, 27 y	24 months	14% BCBT vs. 40% TAU (60% rel. reduction)
Gysin-Maillart et al. (2016) N=120	RCT	ASSIP	3	TAU	Outpt MH	Attempters, 45% male, 38 y	24 months	5% ASSIP vs. 27% TAU (80% rel. reduction)
Sinyor et al. (2020) N=24	Pilot RCT	BCBT	10	TAU	Outpt MH	Youths, 29% male 18 y	12 months	0% BCBT vs. 25% TAU

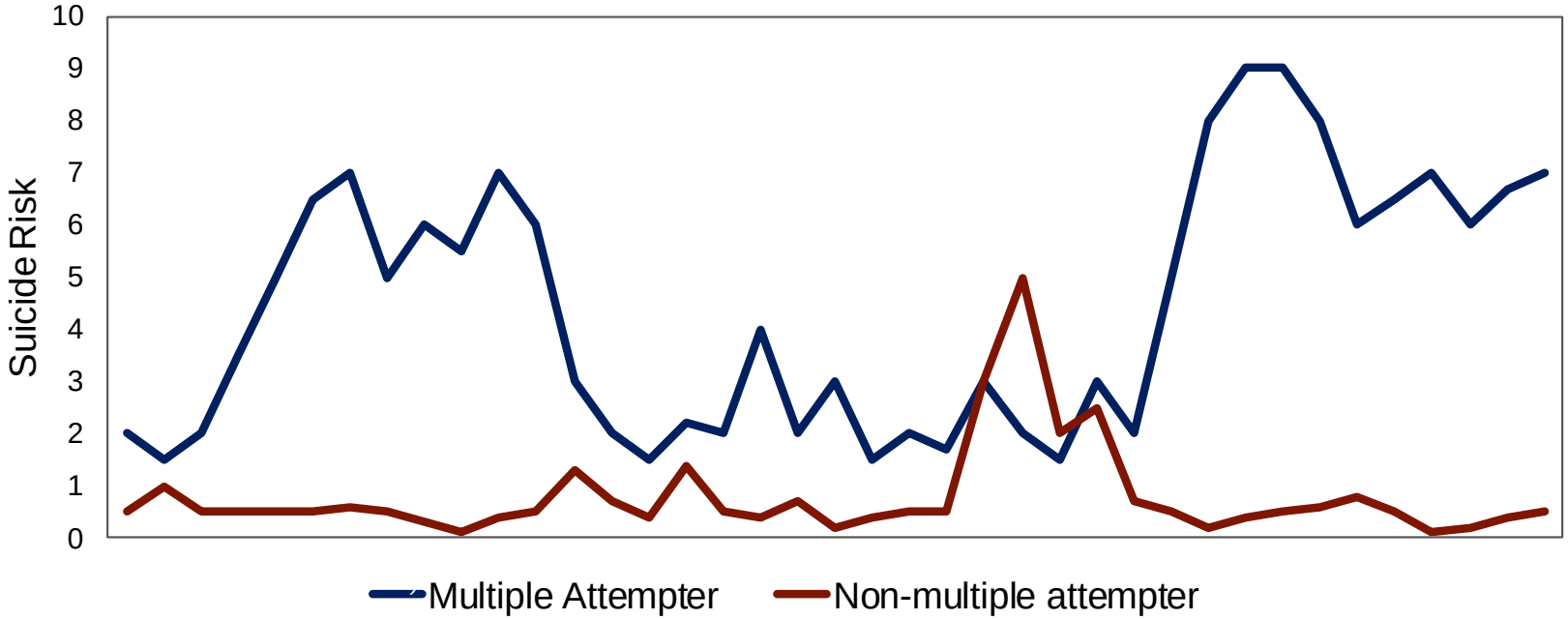
Crisis Response Plan / Safety Plan Trials

Study	Design	Tx	Comparison Condition	Setting	Sample	Follow Up	Attempt Rates
Bryan et al. (2017) N=97	RCT	Standard CRP & Enhanced CRP	TAU	ED, Outpt MH	Military, 78% male, 26 y	6 months	5% CRP vs. 19% TAU (76% rel. reduction)
Miller et al. (2017) N=1376	Quasi	Self-guided Safety Plan + f/u phone calls	TAU	ED	ED patients, 55% male, 56 y	12 months	18% SP vs. 23% TAU (20% rel. reduction)
Stanley et al. (2018) N=1640	Cohort	Safety Plan + f/u phone calls	TAU	ED	Veterans, ED, 88% male, 49 y	6 months	3% SP vs. 5% TAU (45% rel. reduction)

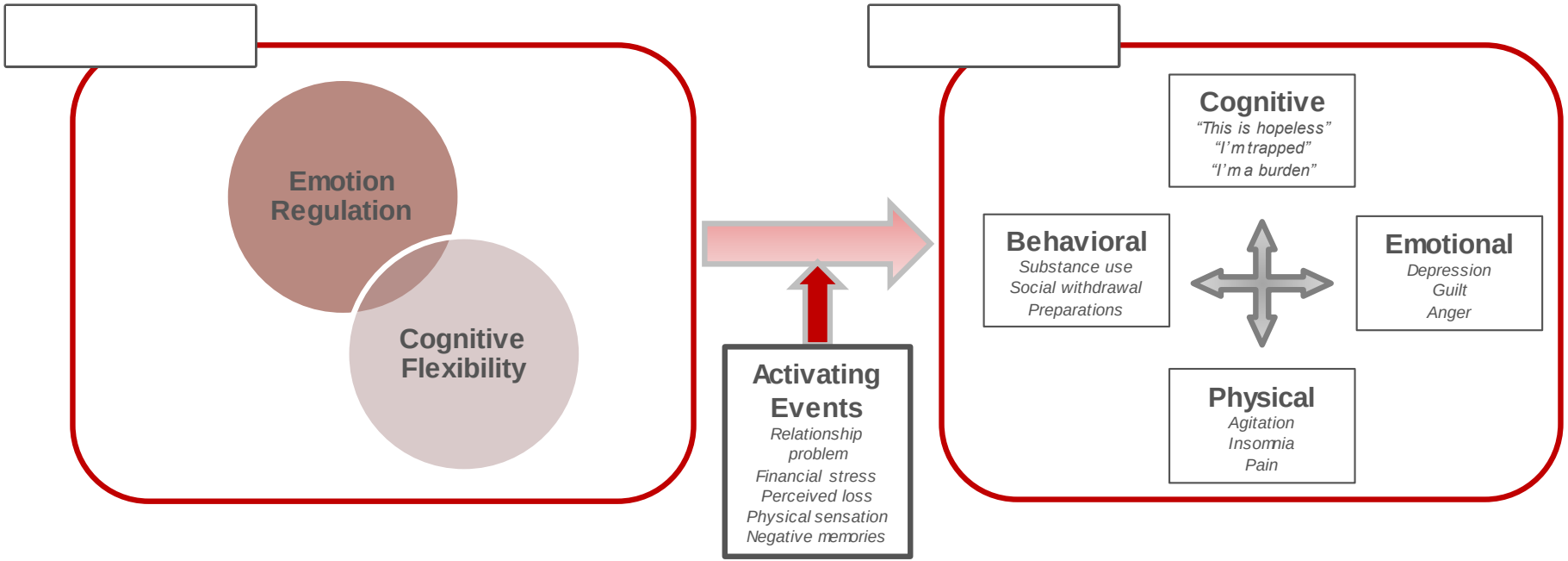
Functional Model of Suicide

	Reinforcement: Positive	Reinforcement: Negative
Automatic (Internal)	**Adding something desirable** ("To feel something, even if it is pain")	**Reducing tension or negative affect** ("To stop bad feelings")
Social (External)	**Gaining something from others** ("To get attention or let others know how I feel")	**Escape interpersonal task demands** ("To avoid punishment from others or avoid doing something undesirable")

Stable and Dynamic Aspects of Suicide Risk



The Suicidal Mode



Bryan & Rudd (2018)

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Structure of BCBT

Phase I

Emotion Regulation

Session 1
Intake
Narrative Risk Assessment
Crisis Response Plan
Means Safety Counseling

Sessions 2-5
Treatment Plan
Sleep Disturbance
Relaxation / Mindfulness
Reasons for Living
Survival Kit

Phase II

Cognitive Flexibility

Sessions 6-10
ABC Worksheets
Challenging Questions
Patterns of Problem Thinking
Activity Planning
Coping Cards

Phase III

Relapse Prevention

Sessions 11-12
Relapse Prevention Task

General Structure of BCBT Session

1. Review assignments and bridge from previous session
   - Crisis response plan
   - Homework assignments
2. Introduce new skill or intervention
   - Verbally describe the skill
   - Explicitly connect the skill to the suicidal mode
3. Demonstrate and practice the skill
   - Discuss patient's experience
   - Develop plan for practice and address potential barriers
4. Enter lesson learned into treatment log

Defining Treatment Completion

Treatment is terminated when patient demonstrates acquisition of emotion regulation and cognitive flexibility skills, typically indicated via use of crisis response plan and other BCBT skills

Relapse prevention task serves as final competency check

If patient is unable to effectively complete relapse prevention task, continue therapy until mastery is achieved

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Narrative Assessment

Ask patient to describe the chronology of events for the suicidal episode that led up to the crisis

- "Let's talk about your suicide attempt/what's been going on lately."
- "Can you tell me the story of what happened?"

Assess events, thoughts, emotions, physical sensations, and behaviors

- "What happened next?"
- "And then what happened?"
- "What were you saying to yourself at that point?"
- "Did you notice any sensations in your body at that point?"

Crisis Response Plan

1. Explain rationale for CRP
2. Provide card for patient to record CRP

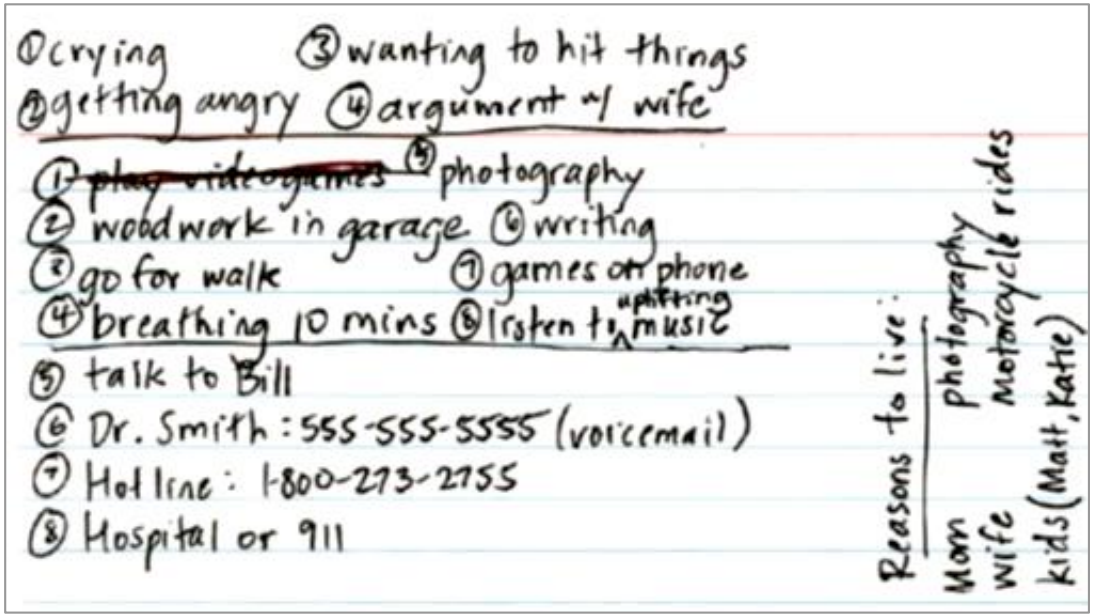
3. Identify personal warning signs
4. Identify self-management strategies
5. Identify reasons for living
6. Identify social supports
7. Provide crisis / emergency steps

8. Verbally review and rate likelihood of use

Sample Crisis Response Plans

Warning Signs: pacing
feeling irritable
thinking "I'll never get better"

- go for a walk 10 mins
- watch Friends episodes
- play with my dog
- think about my kids
  - vacation to beach in Florida
  - Christmas Day 2012
- call/text my Mom or Jennifer
- call Dr. Brown: 555-555-5555
  - leave msg w/ name, time, phone #
- 1-800-273-TALK
- go to hospital
- call 911



① crying ③ wanting to hit things
② getting angry ④ argument w/ wife

~~① play videogames~~ ⑤ photography
② woodwork in garage ⑥ writing
③ go for walk ⑦ games on phone
④ breathing 10 mins ⑧ listen to uplifting music
⑤ talk to Bill
⑥ Dr. Smith: 555-555-5555 (voicemail)
⑦ Hotline: 1-800-273-2755
⑧ Hospital or 911

Reasons to live:
Mom
wife
kids (Matt, Katie)
photography
Motorcycle rides

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Counseling Phases

1. Engaging: establish collaborative working relationship

2. Focusing: adopt a guiding approach that is balanced between directive and following approaches

3. Evoking: after agreeing to discuss means safety, elicit the individual's reasons for restricting their access

4. Planning: identify options, discuss multiple possibilities, weigh pros and cons of each, put it in writing

Britton, Bryan, & Valenstein (2015)

Engaging I see here that you're a gun owner. What types of guns do you own?

Focusing That reminds me of something I wanted to talk about: safety. Would you be willing to talk a bit about the safety procedures you follow as a gun owner?

Evoking Research suggests that households that do not follow safe storage procedures such as locking up or securing a firearm are much more likely to have gun-related fatalities. What are you thoughts about securing or locking up firearms at home?

What are your thoughts about secure gun storage in homes with children?

What are your thoughts about secure gun storage in homes with someone who is struggling with depression, PTSD, or suicidal thoughts?

Planning Where does this leave you?

What do you think you might want to do about this?

A lot of people find that it's helpful to write down their safety plan. Can I help you to create one for you and your home?

Additional Resources

From Guilford Press

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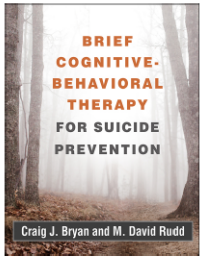

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Brief Cognitive-Behavioral Therapy for Suicide Prevention

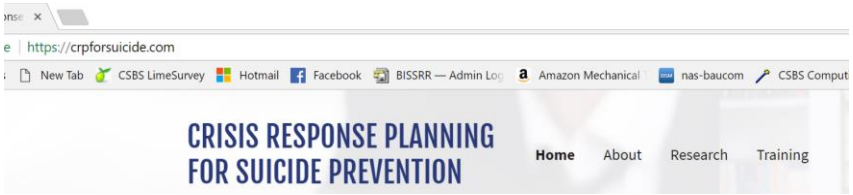
Craig J. Bryan, PsyD, ABPP
M. David Rudd, PhD, ABPP

"There are very few treatments specifically designed to reduce suicide risk. From leading figures in the field of suicide prevention, this is a timely, extremely useful book. Bryan and Rudd's evidence-based approach is accessible to any clinician trained in general principles of CBT. This book should be on the shelf of any CBT practitioner who sees patients with suicide ideation or attempts."
—**E. David Klonsky, PhD**, Department of Psychology, University of British Columbia, Canada

"This is the definitive handbook for suicide prevention—it outlines the most effective treatment for reducing suicide attempts developed to date. BCBT is supported by solid scientific evidence emanating from the largest-ever clinical trials targeting high-risk suicidal patients. The book provides extensive details on the functional analysis of suicidal behavior—directly targeting suicidal thoughts and behaviors as the primary outcome—unlike typical approaches targeting psychiatric diagnoses or symptoms. A 'must read' for all behavioral health counselors."
—**Alan L. Peterson, PhD, ABPP**, Department of Psychiatry, University of Texas Health Science Center at San Antonio

An innovative treatment approach with a strong empirical evidence base, brief cognitive-behavioral therapy for suicide prevention (BCBT) is presented in step-by-step detail in this authoritative manual. Leading treatment developers show how to establish a strong collaborative relationship with a suicidal patient, assess risk, and immediately work to establish safety. Proven interventions are described for building emotion regulation and crisis management skills and dismantling the patient's suicidal belief system. The book includes case examples, sample dialogues, and 17 reproducible handouts, forms, scripts, and other clinical tools. The large-size format facilitates photocopying; purchasers also get access to a Web page where they can download and print the reproducible materials.

Find full information about this title online: www.guilford.com/p/bryan2



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